

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

ALVIN AVON BRAZIEL, JR.,

Petitioner,

VS.

Cause No. 3:09-CV-1591-M

RICK THALER,
Director, Texas Department of Criminal
Justice, Institutional Division,

Death Penalty Case

Respondent

APPENDIX TO BRIEF IN SUPPORT OF
MOTION FOR SUMMARY JUDGMENT

TABLE OF CONTENTS

PARKS TDCJ RECORDS.....	1
PARKLAND HOSPITAL RECORDS.....	6
PARKS GLENDA TURNER NOTES.	22
GLEND A TURNER AFFIDAVIT.	26
CLERK'S RECORD.	28

SCREENER'S INITIALS: LF

TDCJ DIAGNOSTIC AND EVALUATION PROCESS DIAGNOSTIC SCREENING INTERVIEW

NAME: BRAZIEL, ALVIN AVON JR

TDCJ #: 792374

DOB: 3 / 16 / 75

AGE: 22

SEX: MALE FEMALE

PLACE OF BIRTH: Dallas

RACE: CAUCASIAN

OLD TDC #: _____

AFRICAN-AMER.

PRIOR TDC INCARCERATIONS: YES NO

HISPANIC

PRIOR ASSIGNMENT TO CTC: YES NO

OTHER: _____

PRIOR ASSIGNMENT TO MROP: YES NO

ON PSYCH. SERVICES CASELOAD: YES NO

CURRENT OFFENSE: SEX ASLT CHILD

15 y/o female 5 yrs

SPECIAL CONSIDERATIONS FOR INTERVIEWS:

no relation

NONE

SPANISH-SPEAKING ONLY

HEARING/VISUAL IMPAIRED

WHEELCHAIR/OTHER SIGNIFICANT MOBILITY PROBLEM

SECURITY RISK: _____

OTHER: _____

FURTHER DIAGNOSTIC II EVALUATION RECOMMENDED

YES NO

REASON FOR REFERRAL:

DISPLAYED SYMPTOMS OF PSYCHIATRIC ILLNESS

HISTORY OF MENTAL HEALTH TREATMENT

CURRENT SUICIDAL IDEATION

PRIOR SUICIDAL GESTURE(S)

DISPLAYED UNUSUAL BEHAVIOR

AFFECTIVE DISTRESS NOTED

UNUSUAL NATURE OF OFFENSE

HIGH RISK FOR ADJUSTMENT PROBLEMS

OTHER: _____

OTHER GENERAL COMMENTS

YES NO

Case 3:09-cv-01591-M Document 70 Filed 08/18/14 Page 3 of 32 PageID 6810

1. HOW ARE YOU FEELING? in the middle

Content

() 2. HAVE YOU EVER HAD ANY KIND OF MENTAL, EMOTIONAL, OR NERVE PROBLEMS?

DID YOU GET ANY TYPE OF COUNSELING? yes

FROM WHOM? (IF APPLICABLE) Couns

WHAT WAS IT FOR? rel. tense

WHEN WAS IT? last year

WHERE WAS IT? _____

() () 3. HAVE YOU EVER TAKEN MEDICINE(S) PRESCRIBED FOR YOUR:

() NERVES, () MENTAL PROBLEMS, OR () EMOTIONAL PROBLEMS?

SPECIFY THE MEDICATION: _____

WHEN DID YOU TAKE THIS MEDICATION? _____

BY WHOM WAS IT PRESCRIBED? () PSYCHIATRIST

() PHYSICIAN

() OTHER: _____

CURRENT PSYCHOTROPIC MEDICATION: _____

() () 4. HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL?

WHY? _____

WHEN? _____

WHERE? _____

COURT COMMITMENT/VOLUNTARY

() () 5. HAS ANY MEMBER OF YOUR FAMILY EVER HAD MENTAL OR EMOTIONAL PROBLEMS?

WHAT TYPE? _____

() 6. HAVE YOU EVER HAD A HEAD INJURY OR SEIZURE?

SPECIFY: 2 - age 3 + 2010 - heat headaches

() () 7. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE? + throbbing

HOW MANY TIMES? _____

HOW? () CUT ARM/WRIST () HANGING

() OD'ed ON _____ () OTHER: _____

WHEN? _____

WHY? _____

WAS MEDICAL ATTENTION REQUIRED? () YES () NO

() () 8. HAVE YOU EVER HURT YOURSELF ON PURPOSE WHEN YOU WERE NOT TRYING TO COMMIT SUICIDE?

HOW? _____

() () 9. ARE YOU THINKING ABOUT HURTING OR KILLING YOURSELF NOW?

() () 10. DO YOU HEAR THINGS THAT OTHER PEOPLE DO NOT HEAR?

SPECIFY: _____

() 11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: _____

() 12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? _____

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

() NONE () BARBITURATES () METHAMPHETAMINE (SPEED)() HEROIN () ACID () INHALANTS _____() COCAINE () HASH () ALCOHOL() MARIJUANA () PCP () OTHER _____14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE 8WHERE? USA MEXICO OTHER: _____

DO YOU HAVE A () HIGH SCHOOL DIPLOMA () GED

() 15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES?

WHY? _____

WHAT GRADE(S)? _____

() 16. WERE YOU EVER PLACED IN A JUVENILE DETENTION CENTER, BOYS' HOME, OR OTHER GROUP HOME?

WHY? _____

() 17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE COMMONLY CONSIDERED TO BE IN THE CATEGORY OF SEXUAL OFFENSES?IF YES, SPECIFY: Current offense() 18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY?() 19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:uncle's wife hit his head at age 3

() 11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: _____

() (D) 12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? _____

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

() NONE () BARBITURATES () METHAMPHETAMINE (SPEED)

() HEROIN () ACID () INHALANTS _____

() COCAINE () HASH () ALCOHOL _____

() MARIJUANA () PCP () OTHER _____

14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE 8

WHERE? USA MEXICO OTHER: _____

DO YOU HAVE A () HIGH SCHOOL DIPLOMA () GED

() (D) 15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES?

WHY? _____

WHAT GRADE(S)? _____

() (D) 16. WERE YOU EVER PLACED IN A JUVENILE DETENTION CENTER, BOYS' HOME, OR OTHER GROUP HOME?

WHY? _____

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IF YES, SPECIFY: Current offense

() (M) 18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY?

(D) () 19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:

uncle's wife hit his head at age 3

APPEARANCE:	<input checked="" type="checkbox"/> UNREMARKABLE	<input type="checkbox"/> DISHEVELED	<input type="checkbox"/> ODD
HYGIENE:	<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
INTERACTION:	<input checked="" type="checkbox"/> COOPERATIVE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> UNCOOPERATIVE
MOTOR BEHAVIOR:	<input checked="" type="checkbox"/> WITHIN NORMAL LIMITS	<input type="checkbox"/> RESTLESS	<input type="checkbox"/> DID NOT MOVE
SPEECH:	<input checked="" type="checkbox"/> CLEAR	<input type="checkbox"/> MUMBLES	<input type="checkbox"/> SPEECH IMPEDIMENT
RATE:	<input checked="" type="checkbox"/> SPONTANEOUS	<input type="checkbox"/> FAST	<input type="checkbox"/> _____
MOOD:	<input checked="" type="checkbox"/> WITHIN NORMAL LIMITS	<input type="checkbox"/> SAD	<input type="checkbox"/> IRRITABLE
	<input type="checkbox"/> UNUSUALLY HAPPY	<input type="checkbox"/> ANXIOUS	<input type="checkbox"/> FRIGHTENED
	<input type="checkbox"/> SILLY	<input type="checkbox"/> _____	
ALERTNESS:	<input checked="" type="checkbox"/> ALERT	<input type="checkbox"/> CONFUSED	<input type="checkbox"/> DAZED
	<input type="checkbox"/> DAZED	<input type="checkbox"/> DISTRACTED	

No. F - 0140043-S

THE STATE OF TEXAS

IN THE 282ND DISTRICT

V.

COURT IN AND FOR

ALVIN AVON JR BRAZIEL

DALLAS COUNTY, TEXAS

AFFIDAVIT

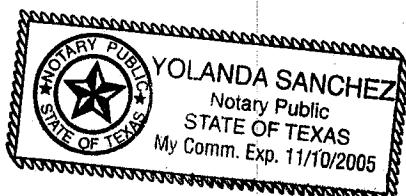
BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED **LISA AYERS**, WHO, BEING DULY SWORN, DEPOSED AS FOLLOWS:

MY NAME IS **LISA AYERS**, I AM OF SOUND MIND, CAPABLE OF MAKING THIS AFFIDAVIT, AND PERSONALLY ACQUAINTED WITH THE FACT HEREIN STATED:

I AM THE CUSTODIAN OF THE RECORDS OF THE DALLAS COUNTY HOSPITAL DISTRICT. ATTACHED HERETO ARE 15 PAGES OF RECORDS FROM THE DALLAS COUNTY HOSPITAL DISTRICT. THESE SAID 15 PAGES OF RECORDS ARE KEPT BY THE DALLAS COUNTY HOSPITAL DISTRICT IN THE REGULAR COURSE OF BUSINESS, AND IT WAS THE KNOWLEDGE OF THE ACT, EVENT, CONDITION, OPINION, OR DIAGNOSIS, RECORDED TO MAKE THE RECORD OR TO TRANSMIT INFORMATION THEREOF TO BE INCLUDED IN SUCH RECORD, AND THE RECORD WAS MADE AT OR NEAR THE TIME OR REASONABLY SOON THEREAFTER. THE RECORDS ATTACHED HERETO ARE EXACT DUPLICATES OF THE ORIGINAL, AND IT IS A RULE OF THE DALLAS COUNTY HOSPITAL DISTRICT TO NOT PERMIT THE ORIGINALS TO LEAVE THE HOSPITAL. RECORDS CREATED BY OR OBTAINED FROM OTHER HEALTHCARE PROVIDERS OR ORGANIZATIONS ARE NOT INCLUDED.

LISA AYERS

SWORN TO AND SUBSCRIBED BEFORE ME ON THE DAY OF , 20 .



NOTARY PUBLIC IN AND FOR
DALLAS COUNTY, TEXAS

MY COMMISSION EXPIRES: _____

CASE NUMBER
12452742 2 E1526DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND MEMORIAL HOSPITAL
REPORT OF EMERGENCY ROOM ADMISSIONADMIT DATE
02/01/84
ADMIT TIME
18:44
UNIT NUMBER
000000500659LAST NAME
BRAZIELL, ALVIN A. MIDDLE NAME
MAIDEN NAME
AGE
SEX
MARITAL STATUS
RACE
DATE OF BIRTH
PREV PAY
TYPE PAY
STATUS
Case 3:05-cv-01591-M Document 70 Filed 08/18/18 Page 8 of 32 Page ID 6815 10 F1P

ARRIVED BY CAR	LOCATION & NATURE OF ACCIDENT AND CHIEF COMPLAINT LAC SCALP FELL					OPC NO. REGISTER				
PATIENT ADDRESS 4922 EASTGATE CR, DALLAS			STATE TX	PATIENT PHONE 214-371-2602	BIRTH PLACE-CITY-STATE DALLAS-PM TX		EMERGENCY NOTIFICATION PHONE 000-000-0000			
PERSON TO NOTIFY KING, GWEN		EMERGENCY NOTIFICATION ADDRESS CITY DALLAS					STATE TX	E. NOT KIN 7	GUARANTOR PHONE 214-948-9897	
GUARANTOR NAME LANG, GLENDA C		GUARANTOR ADDRESS 4922 EASTGATE CR, DALLAS					STATE TX	ZIP CODE 75216	RELATION TO PATIENT	
GUARANTOR EMPLOYER REC AFDC		GUARANTOR EMPLOYER ADDRESS CITY DALLAS					STATE TX	GUARANTOR EMPLOYER PHONE 000-000-0000		
INSURANCE CO. NAME		CO. NO.	PLAN NO.	GROUP NO.	POLICY/CERTIFICATE NO.		NAME OF INSURED			
MEDICARE NO.		MEDICAID NO.		NAME OF INSURED		EMPLOYER OF INSURED				
ALLERGIES NONE						GUAR. CTY.	POLICE NOTIFIED BY	SERVICE	COUNTY	RELIGION
								SURG.	057	BAP

I GRANT PERMISSION TO THE MEDICAL STAFF OF DALLAS COUNTY HOSPITAL DISTRICT TO PERFORM ANY MEDICAL OR SURGICAL TREATMENT AND TO ADMINISTER SUCH ANESTHETICS AND/OR DRUGS AS MAY BE DEEMED NECESSARY IN THE DIAGNOSIS AND TREATMENT OF SAID PATIENT. FURTHERMORE I STATE THAT THE ABOVE AND FOREGOING FACTS AND INFORMATION ARE TRUE AND CORRECT TO MY PERSONAL KNOWLEDGE.

SIGNED

RELATIONSHIP IF SIGNING FOR PATIENT

WITNESS

(Minor Emergency)

Rmedbod

PRIOR TREATMENT	TREATMENT RENDERED PRIOR TO ARRIVAL AT HOSPITAL:									
	I.V.'S									
	MEDICATIONS AND TIME OF ADMINISTRATION									
DEFIBRILLATION AND TIME										

DEPOSITED IN SAFE				OTHER PROPERTY				DEPOSITED IN SECURITY	
<input type="checkbox"/> WATCH	<input type="checkbox"/> RINGS	<input type="checkbox"/> WALLET	<input type="checkbox"/> KEYS	<input type="checkbox"/> UNDER WEAR	<input type="checkbox"/> SOCKS	<input type="checkbox"/> SHOES	<input type="checkbox"/> OVERALLS	<input type="checkbox"/> HAT	<input type="checkbox"/> GLASSES
\$ CASH				<input type="checkbox"/> SHIRT BLOUSE	<input type="checkbox"/> SKIRT PANTS	<input type="checkbox"/> SUIT DRESS	<input type="checkbox"/> JACKET	<input type="checkbox"/> TOP COAT OVERCOAT	<input type="checkbox"/> DENTURES
DEPOSITED BY:	DATE	BY	CHECKED BY: DATE				RELEASED BY	BY:	

LABORATORY:	SERVICES RENDERED - (PLEASE CIRCLE)									
4639 4600 2957 2954 ₁₂ CBC-DIFF CBC SMA ₆ SMA ₁₂ T & C	4875 BLOOD GASES		TOXICOLOGY		FBS:		4692 ART SEROLOGY		6283 CARDIAC ENZYMES	
4515 4707 AMYLASE: URINALYSIS:	4859 LIVER BATTERY	4031 SGOT	6277 PROTIME & PTT			CULTURE				

OTHER X-RAY ORDERED

TRAYS ORDERED: FOLEY CATH DRAINAGE BAG URIMETER VEN L. P. C. D. PAR. LEVIN TUBE ASEPTO SUTURE I & D TRACH

O₂ MASK CANNULA IPPB RESPIRATOR EKG CVP SUTURE REMOVAL SET REQUEST CHART

ORDERS & TREATMENTS NURSE MUST INITIAL & RECORD TIME WHEN ORDER OR TREATMENT IS COMPLETED

TIME ORDERED B/P 60 T. 36° P. 100 R. 18 TIME TAKEN 1855 NURSING PERSONNEL INITIALS J. B. 1/21/84

TETANUS TOXOID DIPTHERIA/TETANUS TOXOID

Cut 26-67 kg Room - Suture

CHARGES									
LABORATORY									
DRUGS									
X-RAYS									
CENTRAL SUPPLY									
TREATMENTS									
REGISTRATION									
PATIENT ALLOWANCE									
CASH PAYMENT									
NET TOTAL									

CONDITION ON ADMISSION: GOOD FAIR SERIOUS CRITICAL

HISTORY: *Sign R.M. fell off bike hit front left of head 6816
and scraped his forehead. Size 1.0
Tetanus status current*

PHYSICAL FINDINGS: GENERAL

Alert, OX3, NAD

HEENT **PERRL, EOMI**

fundi benign

NECK

forehead abrasions clean

CHEST

Back of head 1 1/2" lac - ellipse clean appearing

HEART

Repaired lac c 4-0 nylon interrupted

*To cleaning area c Betadine and
anesth c 1% Lidocaine + epi*

EXT.

Skull film -

NEUROLOGICAL

VASCULAR

INSTRUCTIONS TO PATIENT AND DISPOSITION: *RTC 7d acc suture removal*

IMPRESSION: *Self lac - abrasions*

CONDITION ON DISCHARGE:

(CONTINUE ON PROGRESS NOTE IF NECESSARY) IF ADMITTED, WRITE WARD ORDERS ON DR'S ORDER SHEET & ATTACH

TO WHOM IT MAY CONCERN:

RELEASE

DECLARING MYSELF TO BE THE RESPONSIBLE PARTY I AM VOLUNTARILY REMOVING
FROM DALLAS COUNTY HOSPITAL DISTRICT
AND I HEREBY ASSUME ANY AND ALL RESPONSIBILITY FOR ACCIDENT OR ILLNESS
ATTENDING OR FOLLOWING THE ABOVE NAMED PATIENT'S DISCHARGE FROM THE ABOVE
NAMED INSTITUTION. I ACKNOWLEDGE LIABILITY FOR ALL INCURRED EXPENSES, IN-
CLUDING THE EMERGENCY SERVICES REGISTRATION FEE.

WITNESS

SIGNED X

DATE

TIME

CASE NUMBER		DALLAS COUNTY HOSPITAL DISTRICT PARKLAND MEMORIAL HOSPITAL REPORT OF EMERGENCY ROOM ADMISSION				ADMIT DATE		ADMIT TIME		UNIT NUMBER		
556214 2 BAILEY		Case 3:09-cv-01591-M Document 70 Filed 08/18/14 Page 10 of 32 Page ID 6817				03/23/80		22:36		500659		
LAST NAME		FIRST NAME		MIDDLE NAME		SEX		COMBINED DRG		NAME OF BIRTH		
BRAZIEL, ALVIN A.						M		S		B		
ARRIVED BY		LOCATION & NATURE OF ACCIDENT AND CHIEF COMPLAINT				OPC NO. REGISTER						
CAR		HIGH TEMP										
PATIENT ADDRESS		STATE		PATIENT PHONE		BIRTH PLACE-CITY-STATE		EMERGENCY NOTIFICATION PHONE				
841 ARPEGE CR. DALLAS		TX		214-374-5284		DALLAS-PM TX		214-374-7487				
PERSON TO NOTIFY		EMERGENCY NOTIFICATION ADDRESS				CITY		STATE		E. NOT. KIN.		
JERNIGAN, THERESSA		841 ARPEGE CR. DALLAS						TX		4		
GUARANTOR NAME		GUARANTOR ADDRESS				STATE		ZIP CODE		RELATION TO PATIENT		
BRAZIEL, GLENDA		841 ARPEGE CR. DALLAS				TX		75224		2		
GUARANTOR EMPLOYER		GUARANTOR EMPLOYER ADDRESS				STATE		GUARANTOR EMPLOYER PHONE				
SOUTHERN MORG. TRUST								888-888-8888				
INSURANCE CO. NAME		CO. NO.	PLAN NO.	GROUP NO.	POLICY/CERTIFICATE NO.		NAME OF INSURED					
MEDICARE NO.		MEDICAID NO.		NAME OF INSURED		EMPLOYER OF INSURED						
ALLERGIES: NKDA						GUAR. CTY.	POLICE NOTIFIED BY		SERVICE	COUNTY	RELIGION	
									PEDI	057	BAP	
I GRANT PERMISSION TO THE MEDICAL STAFF OF DALLAS COUNTY HOSPITAL DISTRICT TO PERFORM ANY MEDICAL OR SURGICAL TREATMENT AND TO ADMINISTER SUCH ANESTHETICS AND/OR DRUGS AS MAY BE DEEMED NECESSARY IN THE DIAGNOSIS AND TREATMENT OF SAID PATIENT. FURTHERMORE I STATE THAT THE ABOVE AND FOREGOING FACTS AND INFORMATION ARE TRUE AND CORRECT TO MY PERSONAL KNOWLEDGE.						SIGNED	X Glenda Braziel		WITNESS	SIS		
						RELATIONSHIP IF SIGNING FOR PATIENT						
TREATMENT RENDERED PRIOR TO ARRIVAL AT HOSPITAL:												
I.V.'S												
MEDICATIONS AND TIME OF ADMINISTRATION												
DEFIBRILLATION AND TIME												
DEPOSITED IN SAFE				OTHER PROPERTY				DEPOSITED IN SECURITY				
<input type="checkbox"/> WATCH	<input type="checkbox"/> RINGS	<input type="checkbox"/> WALLET	<input type="checkbox"/> KEYS	<input type="checkbox"/> UNDER WEAR	<input type="checkbox"/> SOCKS	<input type="checkbox"/> SHOES	<input type="checkbox"/> OVERALLS	<input type="checkbox"/> HAT	<input type="checkbox"/> GLASSES			
\$ CASH				<input type="checkbox"/> SHIRT BLOUSE	<input type="checkbox"/> SKIRT PANTS	<input type="checkbox"/> SUIT DRESS	<input type="checkbox"/> COVERALLS	<input type="checkbox"/> TOP COAT OVERCOAT	<input type="checkbox"/> DENTURES			
DEPOSITED BY: DATE BY				CHECKED BY: DATE				RELEASED BY	BY:			
LABORATORY:						SERVICES RENDERED - (PLEASE CIRCLE)						
4639 4600 2957 2954 ¹² CBC-DIFF CBC SMA ⁶ SMA ¹² T & C.						4875 BLOOD GASES TOXICOLOGY FBS: 4692 ART SEROLOGY 6283 CARDIAC ENZYMES						
4515 4707 4859 4031 AMYLASE: URINALYSIS: LIVER BATTERY SGOT 6277 PROTIME & PTT						CULTURE						
OTHER						X-RAY ORDERED						
TRAYS ORDERED: FOLEY CATH DRAINAGE BAG URIMETER VEN L. P. C. D. PAR. LEVIN TUBE ASEPTO SUTURE I & D TRACH												
O ₂ MASK CANNULA IPPB RESPIRATOR EKG CVP						SUTURE REMOVAL SET REQUEST CHART						
ORDERS & TREATMENTS NURSE MUST INITIAL & RECORD TIME WHEN ORDER OR TREATMENT IS COMPLETED						CHARGES						
TIME ORDERED	B/P	T. 38.7 P.	R.	TIME TAKEN	2004/5	LABORATORY						
						\$ DRUGS						
						\$ X-RAYS						
						\$ CENTRAL SUPPLY						
						\$ TREATMENTS						
						\$ REGISTRATION						
						\$ PATIENT ALLOWANCE						
						\$ CASH PAYMENT						
						\$ NET TOTAL						
PRIMARY DIAGNOSIS						NO. SUTURES						
POSITION						APPOINTMENT TO:						
S SIGNATURE						TIME DISCHARGED						
INSTRUCTIONS GIVEN: <input type="checkbox"/> YES						PATIENT SIGNATURE IF INSTRUCTIONS GIVEN						

CASE NUMBER 6456612 JACKSO DALLAS COUNTY HOSPITAL DISTRICT REPORT OF EMERGENCY ROOM ADMISSION BB 09/15/80 12:45 UNIT NUMBER 500659

LAST FIRST MIDDLE MAIDEN AGE SEX MARITAL STATUS RACE DATE OF BIRTH PREV. TYPE PAY STATUS
BRAZIEL, GLENDA 4950 WADSWORTH #250, DALLAS TX 214-374-5284 DALLAS PM TX 214-374-7407

ARRIVED BY CAR LOCATION & NATURE OF ACCIDENT AND CHIEF COMPLAINT LACERATION TO CHIN OPC NO: REGISTER

PATIENT ADDRESS 4950 WADSWORTH #250, DALLAS STATE TX PATIENT PHONE 214-374-5284 BIRTH PLACE-CITY-STATE DALLAS PM TX EMERGENCY NOTIFICATION PHONE 214-374-7407

PERSON TO NOTIFY JERNIGAN, THERESSA EMERGENCY NOTIFICATION ADDRESS 841 ARPEGE CR. DALLAS CITY TX STATE TX E. NOT. KIN 4 GUARANTOR PHONE 214-374-5284

GUARANTOR NAME BRAZIEL, GLENDA GUARANTOR ADDRESS 4950 WADSWORTH #250, DALLAS STATE TX ZIP-CODE 75215 RELATION TO PATIENT

GUARANTOR EMPLOYER SOUTHERN MORAGE GUARANTOR EMPLOYER ADDRESS STATE GUARANTOR EMPLOYER PHONE 800-800-0000

INSURANCE CO. NAME CO. NO. PLAN NO. GROUP NO. POLICY/CERTIFICATE NO. NAME OF INSURED

MEDICARE NO. MEDICAID NO. NAME OF INSURED EMPLOYER OF INSURED

ALLERGIES NK GUAR. CTY. POLICE NOTIFIED BY SERVICE COUNTY RELIGION SURG. 957 BAP

I GRANT PERMISSION TO THE MEDICAL STAFF OF DALLAS COUNTY HOSPITAL DISTRICT TO PERFORM ANY MEDICAL OR SURGICAL TREATMENT AND TO ADMINISTER SUCH ANESTHETICS AND/OR DRUGS AS MAY BE DEEMED NECESSARY IN THE DIAGNOSIS AND TREATMENT OF SAID PATIENT. FURTHER, MORE I STATE THAT THE ABOVE AND FOREGOING FACTS AND INFORMATION ARE TRUE AND CORRECT TO MY PERSONAL KNOWLEDGE.

SIGNED (X) Glenda C. Braziel
RELATIONSHIP OF SIGNING FOR PATIENT WITNESS

PRIOR TREATMENT TREATMENT RENDERED PRIOR TO ARRIVAL AT HOSPITAL:
I.V.'S
MEDICATIONS AND TIME OF ADMINISTRATION
DEFIBRILLATION AND TIME

DEPOSITED IN SAFE
 WATCH RINGS WALLET KEYS
\$ CASH DEPOSITED BY: DATE BY CHECKED BY: DATE RELEASED BY: DEPOSITED IN SECURITY
 UNDER WEAR SOCKS SHOES OVERALLS HAT
 SHIRT BLOUSE SKIRT PANTS SUIT DRESS JACKET TOP COAT OVERCOAT
 GLASSES DENTURES

LABORATORY: SERVICES RENDERED - (PLEASE CIRCLE) 4692 ART 6283 CARDIAC ENZYMES
4639 4600 2957 2954 4875 BLOOD GASES TOXICOLOGY FBS: SEROLOGY
CBC-DIFF CBC SMA⁸ SMA¹² T & C: 4031 6277 PROTIME & PTT CULTURE
4515 4707 4859 AMYLASE: URINALYSIS: LIVER BATTERY SGOT OTHER
OTHER

X-RAY ORDERED
TRAYS ORDERED: FOLEY CATH DRAINAGE BAG URIMETER VEN L.P. C.D. PAR. LEVIN TUBE ASEPTO SUTURE I & D TRACH

O₂ MASK CANNULA IPPB RESPIRATOR EKG CVP SUTURE REMOVAL SET REQUEST CHART
ORDERS & TREATMENTS NURSE MUST INITIAL & RECORD TIME WHEN ORDER OR TREATMENT IS COMPLETED

TIME ORDERED	B/P 92/76 T. 37.5 P. 100 R.	TIME TAKEN	NURSING PERSONNEL INITIALS	CHARGES
	TETANUS TOXOID	DIPHTHERIA/TETANUS TOXOID		LABORATORY
	Room			DRUGS
				X-RAYS
				CENTRAL SUPPLY
				TREATMENTS
				REGISTRATION
				PATIENT ALLOWANCE
				CASH PAYMENT
				NET TOTAL

PRIMARY DIAGNOSIS Chin laceration NO SUTURES
DISPOSITION None APPOINTMENT TO: Sun ER F/a
PHYSICIAN'S SIGNATURE Dr. B. J. D. TIME DISCHARGED INSTRUCTIONS GIVEN? YES X PATIENT SIGNATURE IF INSTRUCTIONS GIVEN
00510

CONDITION ON ADMISSION: GOOD FAIR SERIOUS CRITICAL

HISTORY: 5 p.m. 8/18/14 - 5 p.m. 8/18/14 - 8:30 p.m. 8/18/14 - 8:30 p.m. 8/18/14
Case 3:09-cv-01591-M Document 70 Filed 08/18/14 Page 12 of 92 PageID 6814

Exam - 1.5 cm laceration chin

PHYSICAL FINDINGS: GENERAL

Closed & bleeding

Subcutaneous running stitch x 4.0 stay/

HEENT

Steri Strips over skin

NECK

CHEST

Impression: Chin laceration

Plan: Ward Check in one week

John C.

ABD.

EXT.

NEUROLOGICAL

VASCULAR

INSTRUCTIONS TO PATIENT AND DISPOSITION:

IMPRESSION:

CONDITION ON DISCHARGE:

(CONTINUE ON PROGRESS NOTE IF NECESSARY) IF ADMITTED, WRITE WARD ORDERS ON DR'S ORDER SHEET & ATTACH

TO WHOM IT MAY CONCERN:

RELEASE

DECLARING MYSELF TO BE THE RESPONSIBLE PARTY I AM VOLUNTARILY REMOVING _____ FROM DALLAS COUNTY HOSPITAL DISTRICT
AND I HEREBY ASSUME ANY AND ALL RESPONSIBILITY FOR ACCIDENT OR ILLNESS
ATTENDING OR FOLLOWING THE ABOVE NAMED PATIENT'S DISCHARGE FROM THE ABOVE
NAMED INSTITUTION. I ACKNOWLEDGE LIABILITY FOR ALL INCURRED EXPENSES, IN-
CLUDING THE EMERGENCY SERVICES REGISTRATION FEE.

8/18/14

WITNESS

DATE

SIGNED X

TIME

CASE NUMBER 4053632 MOREAU DALLAS COUNTY HOSPITAL DISTRICT PARKLAND MEMORIAL HOSPITAL BE ADMIT DATE 05/17/79 ADMIT TIME 02:32 UNIT NUMBER 500659

LAST BRAZIEL FIRST 09 MIDDLE 01591-M Document 70 Filed 08/18/04 Page 13 of 343 Page ID 662010 F1P

ARRIVED BY CAR	LOCATION & NATURE OF ACCIDENT AND CHIEF COMPLAINT VOMITING						OPC NO. REGISTER		
PATIENT ADDRESS 841 ARPEGE CR., DALLAS			STATE TX	PATIENT PHONE 214-374-5284	BIRTH PLACE-CITY-STATE DALLAS-PM TX		EMERGENCY NOTIFICATION PHONE 214-374-7407		
PERSON TO NOTIFY JERNIGAN, THERESSA		EMERGENCY NOTIFICATION ADDRESS 841 ARPEGE CR., DALLAS			CITY	STATE TX	E. NOT. K4	GUARANTOR PHONE 214-374-5284	
GUARANTOR NAME BRAZIEL, GLENDA		GUARANTOR ADDRESS 841 ARPEGE CR., DALLAS			STATE TX	ZIP CODE 75224	RELATION TO PATIENT		
GUARANTOR EMPLOYER		GUARANTOR EMPLOYER ADDRESS			STATE	GUARANTOR EMPLOYER PHONE 000-000-0000			
INSURANCE CO. NAME		CO. NO.	PLAN NO.	GROUP NO.	POLICY/CERTIFICATE NO.		NAME OF INSURED		
MEDICARE NO.		MEDICAID NO.		NAME OF INSURED			EMPLOYER OF INSURED		

ALLERGIES: NKDA GUAR. CTY. POLICE NOTIFIED BY SERVICE PEDI COUNTY 057 RELIGION BAP

I GRANT PERMISSION TO THE MEDICAL STAFF OF DALLAS COUNTY HOSPITAL DISTRICT TO PERFORM ANY MEDICAL OR SURGICAL TREATMENT AND TO ADMINISTER SUCH ANESTHETICS AND/OR DRUGS AS MAY BE DEEMED NECESSARY IN THE DIAGNOSIS AND TREATMENT OF SAID PATIENT. FURTHERMORE I STATE THAT THE ABOVE AND FOREGOING FACTS AND INFORMATION ARE TRUE AND CORRECT TO MY PERSONAL KNOWLEDGE.

SIGNED X RELATIONSHIP IF SIGNING FOR PATIENT WITNESS

PRIOR TREATMENT	TREATMENT RENDERED PRIOR TO ARRIVAL AT HOSPITAL:		
	I.V.'S		
	MEDICATIONS AND TIME OF ADMINISTRATION		
DEFIBRILLATION AND TIME			

DEPOSITED IN SAFE				OTHER PROPERTY				DEPOSITED IN SECURITY	
<input type="checkbox"/> WATCH	<input type="checkbox"/> RINGS	<input type="checkbox"/> WALLET	<input type="checkbox"/> KEYS	<input type="checkbox"/> UNDER WEAR	<input type="checkbox"/> SOCKS	<input type="checkbox"/> SHOES	<input type="checkbox"/> OVERALLS	<input type="checkbox"/> HAT	<input type="checkbox"/> GLASSES
\$ CASH				<input type="checkbox"/> SHIRT BLOUSE	<input type="checkbox"/> SKIRT PANTS	<input type="checkbox"/> SUIT DRESS	<input type="checkbox"/> JACKET	<input type="checkbox"/> TOP COAT OVERCOAT	<input type="checkbox"/> DENTURES
DEPOSITED BY:	DATE	BY	CHECKED BY: DATE				RELEASED BY	BY:	

LABORATORY:			SERVICES RENDERED - (PLEASE CIRCLE)					
4639 4600 2957	2954 ₆	SMA ₁₂	T & C:	4875 BLOOD GASES	TOXICOLOGY	FBS:	4692 ART SEROLOGY	6283 CARDIAC ENZYMES
4515 AMYLASE:	4707 URINALYSIS:	4859 LIVER BATTERY	4031 SGOT	6277 PROTIDE & PTT	CULTURE			
OTHER								

X-RAY ORDERED

TRAYS ORDERED: FOLEY CATH DRAINAGE BAG URIMETER VEN L. P. C. D. PAR. LEVIN TUBE ASEPTO SUTURE I & D TRACH

O₂ MASK CANNULA IPPB RESPIRATOR EKG CVP SUTURE REMOVAL SET REQUEST CHART

ORDERS & TREATMENTS NURSE MUST INITIAL & RECORD TIME WHEN ORDER OR TREATMENT IS COMPLETED

TIME ORDERED B/P T. 100 P. R. TIME TAKEN 0305 NURSING PERSONNEL INITIALS JV

TETANUS TOXOID DIPHTHERIA/TETANUS TOXOID

WT: 1673 KGS

DATE 9/23/80 Case 3:09-cv-01591-M Document 70 Filed 08/18/14 Page 14 of 32 PageID 6821

NAME 3/23/80 ES 408 AGE 50 RACE ES SEX M D.O.B. 3/16/78
 PARENT 50 06 59 C 5562142 ADDRESS 374-5284 PHONE 374-7400
 TEMP. 100 PULSE 85 RESP. S B/P 100/60 WT. 19 kgs

HISTORY & PHYSICAL 51 year old BM by cough sinusitis -
 mod. fever at night today has started x2 today
 and a vigorous cough - No diarrhea
 No other problems

PE - ADW/NB/PM - No acute distress
 HEGM - Clear - mucous - nose
 Methylene blue, chest clear pleasant
 Abd. Neg/
 Ext. WNL
 Neuro intact

FILE ON FRONT CLIP IN DATE ORDER

DIAGNOSIS

Mild Sinus

TREATMENT:

- fever control
 - fluids
 - return of fever persists Rx Regis

(Physician's Signature)

Time

006

DALLAS COUNTY HOSPITAL DISTRICT**CMC REFERRAL**Case 3:09cv101597-MFS Document 70 Filed 08/18/14 Page 15 of 32 PageID 6822
DATE 50 06 59 C 4053632 E.S. #NAME BRAZIEL ALVIN
NAME 10 4 MB N AGE RACE SEX D.O.B.
PARENT Hendy Braziel ADDRESS 841 Alpine Cr. PHONE 374-5284
TEMP. 100 4 (9) PULSE RESP. B/P WT. 16 Yr old**HISTORY & PHYSICAL**

44yo BM who this morning began vomiting and having subjective fever & headache. Had URT last week. No diarrhea. No known exposures, but does go to school.

PE: WORN BM in NAD

ENT: normocephalic, PERL, EOMs intact;
TMs, mouth - clean

Neck: supple

Chest: clear

Heart: RR. Gr II / VT SENG LSR

Abd: benign

Ext: no C or E

Muo: intact

FILE ON FRONT CLIP IN DATE ORDER

DIAGNOSIS Urinalysis**TREATMENT:** 1) Small, frequent clear liquid
2) Tylenol for fever, HA.

3) RTC in 2 days if fever persists

Need for and risks of _____

(procedure)

I have read and understand the above information and consent to its performance.

Author

(Physician's Signature)

0345

006

Time

DALLAS COUNTY HOSPITAL DISTRICT

ADMITTING SUMMARY

Case 3:09-cv-01591-M Document 70 Filed 08/18/14 Page 16 of 82

PATIENT	NAME LAST, FIRST, MIDDLE										ADDRESS		CITY, STATE, ZIP CODE		PHONE		ROOM NO., TIME ADMIT		NURSING STAFF		DATE ADMIT			
	BRAZIEL, GLENDA										1000 10TH ST, DALLAS, TX 75201		DALLAS, TX 75201		(404) 555-1234		1000 10TH ST, DALLAS, TX 75201		DALLAS, TX 75201		1000 10TH ST, DALLAS, TX 75201		DALLAS, TX 75201	
	PREVIOUS ADDRESS										SOCIAL SECURITY NUMBER		BIRTH DATE		AGE		BIRTH PLACE (CITY & STATE)		GENDER		MAR. STAT.			
	841 ARPEGE CR., DALLAS, TX 75224										000-00-0000		01/15/44		60		DALLAS, TX		F		M			
	PREVIOUS ADMISSION AT DCHD. - (NAME AND DATE)										SEX RACE RELIGION		NAME OF CHURCH		ARRIVED BY		NAME		NO. OF CHILDREN IN HOME					
	BRAZIEL, GLENDA										M B BAPT		CATHOLIC		CAR		BRAZIEL, GLENDA		1					
	ATTENDING PHYSICIAN(S)										ADMITTING DIAGNOSIS		ARRIVED BY		NAME		NO. OF CHILDREN IN HOME							
	OLIVER, WM. KEMP										SKULL FX		CAR		BRAZIEL, GLENDA		1							
	LOCATION OF ACCIDENT										OCCUPATION		SALARY CODE		PHONE NO.		NAME		NO. OF CHILDREN IN HOME					
	EMPLOYER										ADDRESS		NAME		NO. OF CHILDREN IN HOME		NAME		NO. OF CHILDREN IN HOME					
MINOR										2815 10TH ST, DALLAS, TX 75201		DALLAS, TX 75201		1000 10TH ST, DALLAS, TX 75201		DALLAS, TX 75201		1000 10TH ST, DALLAS, TX 75201		DALLAS, TX 75201				
EMER. NOT.	PERSON TO NOTIFY										REL. EMPLOYER		B. PHONE		B. PHONE		B. PHONE							
	JEROME, JEROME										DAD		BUS. COLLEGE		BUS. COLLEGE		BUS. COLLEGE							
RESPONSIBLE PARTY	ADDRESS										CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE							
	841 ARPEGE CR., DALLAS										TX 75224		TX 75224		TX 75224		TX 75224							
INSURANCE	LEGAL NEXT OF KIN										REL. ADDRESS		CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE							
	BRAZIEL, GLENDA										2841 ARPEGE CR., DALLAS		TX 75224		TX 75224		TX 75224							
PRE-ADMISSION DATA	RESPONSIBLE PARTY'S NAME										RESPONSIBLE PARTY'S ADDRESS		CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE							
	BRAZIEL, GLENDA										841 ARPEGE CR., DALLAS		TX 75224		TX 75224		TX 75224							
RESPONSIBLE PARTY	RESPONSIBLE PARTY'S EMPLOYER										OCCUPATION		SALARY CODE		B. PHONE		B. PHONE							
	UNEMPLOYED										00000		00000		BUS. COLLEGE		BUS. COLLEGE							
INSURANCE	RESPONSIBLE PARTY'S EMPLOYERS ADDRESS										CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE							
											00000		000-00-0000		00000		00000							
P/S	BLUE CROS		CO. NO.		PLAN NO.		GROUP NO.		CERTIFICATE NO.		CONTRACT NO.		NAME OF INSURED											
	CHAM PUS		CO. NO.		PLAN NO.		MILITARY ID. NO.		SPONSOR NAME		EFFECTIVE DATE		EXPIRATION DATE		RANK									
INSURANCE	SPONSOR S.S. NO.		DUTY STATION		MEDICARE NO.		MEDICAID NO.		NAME OF INSURED															
	INSURANCE CO. NAME		CO. NO.		PLAN NO.		POLICY NO.		NAME OF INSURED															
PRE-ADMISSION DATA	INSURANCE CO. NAME		CO. NO.		PLAN NO.		POLICY NO.		NAME OF INSURED															
	INSURANCE CO. NAME		CO. NO.		PLAN NO.		POLICY NO.		NAME OF INSURED															
REFERRAL		REASON										REFERRED BY - NAME												
REFERRED BY ADDRESS		TRANSFERRED FROM HOSPITAL										CITY												
DATE TO BE ADMITTED		CLEARANCE - BUSINESS OFFICE								CLEARANCE - ADMINISTRATION														
06/03/15		06/03/15 03/16/75								06/03/15 03/16/75														
10-015		10-015 03/16/75								10-015 03/16/75														
BRAZIEL, ALVIN M/B		BRAZIEL, ALVIN M/B								BRAZIEL, ALVIN M/B														
65 90 59		65 90 59								65 90 59														
NAME OF PERSON INTERVIEWED												RELATION TO PATIENT				PHONE NO.								
BRAZIEL, GLENDA												2				1000 10TH ST, DALLAS, TX 75201								
PARTY RESPONSIBLE MUST SIGN																								
I AGREE TO BE RESPONSIBLE FOR ALL MONIES DUE AS A RESULT OF THIS CONFINEMENT & FURTHER AGREE TO MAKE ARRANGEMENTS SATISFACTORIES TO THE DALLAS COUNTY HOSPITAL DISTRICT FOR PAYMENT OF ALL BILLS PRIOR TO THIS PATIENT BEING DISCHARGED.																								
SIGNATURE												DATE				RELATION TO PATIENT								
ADDRESS																								
TYPE OF ADMISSION		EMERGENCY		ADMITTED BY		WALKER		LOCATION OF OLD CHART				MED REC												
FORM NO. 58001 REV. (10/77)												CHART-ADMITTING SOCIAL HISTORY				15 A20								

LAST		FIRST		MIDDLE	AGE	SEX	MARITAL STATUS	RACE	DATE OF BIRTH	ADMIT DATE	ADMIT TIME	UNIT NUMBER																																																
BRAZEL		Case 31090400591-M			32	MALE	WIDOW	WHITE	03/26/78	03/26/78	13:24	10 F1P																																																
ARRIVED BY		CAR		LOCATION & NATURE OF ACCIDENT AND OTHER INFORMATION			ON DUTY POLICE NOTIFIED BY		SERVICE		COUNTY																																																	
				BRUISE, HIT BY STONE IN SIDE																																																								
PATIENT ADDRESS		841 ARPEGE CR. DALLAS		STATE/PATIENT PHONE		BIRTH PLACE-CITY-STATE		EMERGENCY NOTIFICATION PHONE																																																				
PERSON TO NOTIFY		ERHTEL, GLENDA		EMERGENCY NOTIFICATION ADDRESS		CITY		STATE/E-NOT. KIN.		GUARANTOR PHONE																																																		
GUARANTOR NAME		ERHTEL, GLENDA		GUARANTOR ADDRESS		STATE/ZIP CODE		PATIENT																																																				
GUARANTOR EMPLOYER		UNEMPLOYED		GUARANTOR EMPLOYER ADDRESS		STATE		GUARANTOR EMPLOYER PHONE																																																				
INSURANCE CO. NAME		CO. NO.	PLAN NO.	GROUP NO.	POLICY/CERTIFICATE NO.		NAME OF INSURED																																																					
MEDICARE NO.		MEDICAID NO.		NAME OF INSURED		EMPLOYER OF INSURED																																																						
ALLERGIES: NKA																																																												
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TREATMENT RENDERED PRIOR TO ARRIVAL AT HOSPITAL																																																												
I.V. SALT																																																												
MEDICATIONS AND TIME OF ADMINISTRATION																																																												
DEFIBRILLATION AND TIME: 2/21/82																																																												
<table border="1"> <tr> <td colspan="4">DEPOSITED IN SAFE</td> <td colspan="4">OTHER PROPERTY</td> <td colspan="4">RESULT</td> </tr> <tr> <td><input type="checkbox"/> WATCH</td> <td><input type="checkbox"/> RINGS</td> <td><input type="checkbox"/> WALLET</td> <td><input type="checkbox"/> KEYS</td> <td><input type="checkbox"/> UNDERWEAR</td> <td><input type="checkbox"/> SOCKS</td> <td><input type="checkbox"/> SHOES</td> <td><input type="checkbox"/> OVERALLS</td> <td><input type="checkbox"/> HAT</td> <td colspan="4"></td> </tr> <tr> <td colspan="4">IS DEPOSITED</td> <td><input type="checkbox"/> GOWN</td> <td><input type="checkbox"/> BLOUSE</td> <td><input type="checkbox"/> SKIRT</td> <td><input type="checkbox"/> DRESS</td> <td><input type="checkbox"/> JACKET</td> <td><input type="checkbox"/> BAGGAGE</td> <td><input type="checkbox"/> OVERCOAT</td> <td><input type="checkbox"/> FEATURES</td> </tr> <tr> <td colspan="4">BY: DATE</td> <td colspan="4">CHECKED BY: DATE</td> <td colspan="4">RELEASED BY: DATE</td> </tr> </table>												DEPOSITED IN SAFE				OTHER PROPERTY				RESULT				<input type="checkbox"/> WATCH	<input type="checkbox"/> RINGS	<input type="checkbox"/> WALLET	<input type="checkbox"/> KEYS	<input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> SOCKS	<input type="checkbox"/> SHOES	<input type="checkbox"/> OVERALLS	<input type="checkbox"/> HAT					IS DEPOSITED				<input type="checkbox"/> GOWN	<input type="checkbox"/> BLOUSE	<input type="checkbox"/> SKIRT	<input type="checkbox"/> DRESS	<input type="checkbox"/> JACKET	<input type="checkbox"/> BAGGAGE	<input type="checkbox"/> OVERCOAT	<input type="checkbox"/> FEATURES	BY: DATE				CHECKED BY: DATE				RELEASED BY: DATE			
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LABORATORY																																																												
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CBC DIFF CBO SMA ¹² T & C BLOOD GASES TOXICOLOGY FBS: 4694 6283 RAILOMIA SEROLOGY 6283 CARDIAC ENZYMES																																																												
4515 4707 4859 4031 6277 AMYLASE URINALYSIS LIVER BATTERY SGOT PROTIME & UTT CULTURE X-RAY ORDERED																																																												
OTHER																																																												
TRAYS ORDERED: FOLEY CATH DRAINAGE BAG URIMETER VEN L.P. C.D. PAR TUBE ASEPTO SUTURE I & D TRACH																																																												
O ₂ MASK CANNULA IPPB RESPIRATOR EKG TCV SUTURE REMOVAL SET REQUEST CHART																																																												
HISTORY OF PRODUCT RELATED INJURY																																																												
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CONCERN																																																												
DISCHARGING NURSE SIGNATURE																																																												
DISCHARGING NURSE SIGNATURE																																																												
AND I HEREBY ASSUME AND ACCORDENT TO THE STATE OF TEXAS THE LIABILITY OF THE HOSPITAL FROM THE DATE OF THIS REPORT																																																												
PRIMARY DIAGNOSIS Admit to 105 NO. SUTURES																																																												
DISPOSITION																																																												
APPOINTMENT TO THE BIRMINGHAM HOSPITAL																																																												
PHYSICIAN'S SIGNATURE Phillip Lester TIME DISCHARGED: INSTRUCTIONS GIVEN: PATIENT SIGNATURE IF INSTRUCTIONS GIVEN: NO. SUTURES: 0056																																																												

HEART		5, 2 52 (splitting not dysrhythmic)									
ABD.		BS present = Soft - bungy, - in masses, - no evidence of trauma		BS present = Soft - bungy, - in masses, - no evidence of trauma		BS present = Soft - bungy, - in masses, - no evidence of trauma		BS present = Soft - bungy, - in masses, - no evidence of trauma		BS present = Soft - bungy, - in masses, - no evidence of trauma	
EXTRACRANIAL VESSELS											
EXT. : Atemotor - when patient walks he drops at leg - insidious hypotension factor											
NEUROLOGICAL											
VASCULAR											
INSTRUCTIONS TO PATIENT AND DISPOSITIONS											

DISCHARGE		DATE	8-29	QUARTER	AM	CD	EAR	900	ASPIRIN	160	CHART
HISTORY OF PROBLEMS PRE-ADMISSION											
RECENT AUTO EKG											
STRIKE REMOVAL SITE											
C MASK											
C GYMNASTIC											
C PRODUC											
ADMIT to DS											
IMPRESSION:											
NURSING PERSONNEL											
DISCHARGE											
X RAYS											
CONDITION ON DISCHARGE:											
(CONTINUE ON PROGRESS NOTE IF NECESSARY) IF ADMITTED, WRITE WARD ORDERS ON DR'S ORDER SHEET & ATTACH											

TO WHOM IT MAY CONCERN: RELEASE
DECLARING MYSELF TO BE THE RESPONSIBLE PARTY I AM VOLUNTARILY REMOVING
FROM DALLAS COUNTY HOSPITAL DISTRICT
AND I HEREBY ASSUME ANY AND ALL RESPONSIBILITY FOR ACCIDENT OR ILLNESS
ATTENDING OR FOLLOWING THE ABOVE-NAMED PATIENT'S DISCHARGE FROM THE ABOVE
NAMED INSTITUTION. I ACKNOWLEDGE LIABILITY FOR ALL INCURRED EXPENSES, IN-
CLUDING THE EMERGENCY SERVICES REGISTRATION FEE

200	MEDICAL RECORD		PATIENT SIGNATURE OR INSTRUCTIONS		PHYSICIAN SIGNATURE		17
	WITNESS		SIGNED <input checked="" type="checkbox"/>	DATE <input type="text"/>	TIME <input type="text"/>		

DALLAS COUNTY HOSPITAL DISTRICT

Case 3:09-CV-01591-M Document 70 Filed 08/18/14 Page 19 of 32 PageID 6826

Department of Nursing Service

PEDIATRIC NURSES ADMISSION NOTE
19 MONTHS AND OLDERUnit # Alvin Brazil

10-50-06-54

Address BRAZIEL, ALVIN M/BBirthdate 10-C15 03/16/75DOB 003 9/27/78 705424 JAV

Classification _____

OP ER IP Admit # _____Date: 9/27/78 Time: 0135 Age: 3 Sex: MaleName: Alvin Brazil Nickname: June Buggy
(Check spelling of name on hospital record with parent).Diagnosis: Skull Fr. (Sister-In-law may have beaten child.)Accompanied by: Glenda Brazil Relationship: MotherHow Admitted: Ambulatory Wheelchair Stretcher Other _____Admitted From: E.R. O.R. Clinic Admitting OfficeVital Signs: T 100 P 144 R C BP 110/80 WT 30 lbs HT ~CLOTHING: Returned to parents Left at bedside

INSTRUCTIONS GIVEN TO PATIENT/PARENTS:

Call Light Visiting Regulations Mealtimes Bedrest
 Given Parent Booklet Side Rails Up at all Times

None Available

Signature and Title

Marlene Fisher, R.N.

GENERAL APPEARANCE:

Skin: Warm Cold Dry Moist Bruise Rash Sores Abrasions Other _____Location and Description: large Hematoma & Swelling atColor: Normal Pale Flushed Jaundiced Cyanotic back right side of head.

OBSERVATIONS:

Pain: No Yes Location: Head - Swollen Slightly at Back
 Sharp Aching Constant Intermittent Especially when movedRespirations: Regular Irregular Shallow Deep Stridor
 Grunting Wheezing Retractions Nasal Flaring CryingMENTAL STATUS: Alert Happy Unhappy Irritable Hyperactive Unconscious Lethargic SleepingALLERGIES: NKAHANDICAPS: No:

Nurse's Signature

Marlene Fisher, R.N. **276**

PERSONAL CARE:

Case 3:09-cv-01591-M Document 70 Filed 08/18/14 Page 20 of 32 PageID 6827
 Does the child need assistance with: Dressing Bathing Combing Brushing teeth

COMMUNICABLE DISEASE HISTORY:

Has the child been exposed to any of the following within the past month? **No**

Measles Mumps Chicken Pox Flu Other _____

Immunizations: DPT _____ Measles _____ Polio _____

TB Skin Test _____ Other _____

DENTAL CARE: **No**

Up to Date

When was your child last seen by a dentist: _____

COMMUNICATION:

Language spoken in home: English Spanish Other _____

Speaks well **✓** Few Words _____

Comments: **Speaks plain**

PLAY:

What is your child's favorite toy? **Vans, Trucks** Did you bring it along? **No**

Any favorite games: _____ Who does your child play with? _____

Does your child have a pet at home? **No** What is it? _____

What is the pet's name? _____

SCHOOL:

Does your child attend nursery school? _____ Grade School _____

Name of school _____ District _____ Grade _____

Learning difficulties Behavior problems

Name of best friend(s): _____

Name of favorite teacher: _____

List any special interests (hobbies, favorite books, favorite TV show, etc.)

Is there anything else about your child that you feel we should know to make his/her stay as pleasant as possible? **No**

OBSERVATIONS OF FAMILY INTERACTION (child and mother, father, and/or significant other):

Mother very concerned - questioned incidence of child please see here. Expresses bitterness toward Sister-in-law holding & cuddling child closely - afraid she may hurt child

INITIAL ASSESSMENT OF PATIENT'S NEEDS:

1) Frequent observation for ↓ level of consciousness or any change in neuro signs

2) Bed rest and try to keep quiet and prevent anxiety

3) Watch for Diarrhea and/or vomiting (clear liquids only)

Marlene Fisher, R.N.

Nurse's Signature

Name of a friend or relative:

Address:

Phone Number: 314-9407Who does the child live with? Parents Legal Guardians Other MotherAre parents: Married Separated DivorcedNames and ages of brothers and sisters: 4 yrs. old hakia, No Father sisterWhere do brothers and sisters live? Mother

Others living in home:

Has your child been in a hospital before? No

If yes, why _____

When _____ Where _____

Adjustment to hospital:

What did you tell your child about why he/she is being admitted to the hospital? _____

Has your child exhibited any extreme fears concerning:

 Needles People in white uniforms Other _____Have any changes occurred in the environment recently? Birth of a sibling Death of a relative Illness in home Other _____What medication is he/she on at home? No

How does he/she take it? _____

Do you have a public health nurse? _____ Name: _____

At what time of day will you be visiting your child? Will be staying as muchWhere can you be reached if not at home? as possible.

EATING HABITS:

Does your child: Use bottle Spoon Cup Feeds self alone Feeds self with help.What fruit juices does your child drink? Orange, PunchPrefers white or chocolate milk: Both

Twenty-four hour diet recall: _____

Good Appetite - No particular food dislikes

Are there any other feeding routines or aids that we should know about? _____

 Pacifier Sucks thumb Which thumb? left - Both, mainly left.
 Rt. Handed Lt. Handed

ELIMINATION:

Is your child toilet trained for: Bowel Movement Urination Goes By Self.
How long? _____Does your child wear diapers? No Does your child use a
toilet chair or toilet? Toilet

What is the word used for: Urination _____ Bowel Movement _____

Is the child taken to toilet at night? No if yes, at what time _____

SLEEPING HABITS:

When is bedtime: 9:30 Are naps taken? YesIf yes, what time? 3:30 Sleeps about 1 hour.Who does your child sleep with? By Self Crib Bed with sides Adult bedDescribe any special bedtime routine; e.g., having prayers heard, taking teddy bear or doll to bed,
uses a night light: No set routine.

DATE	TIME	NURSES NOTES
9/27/18	0230	This 3 year old black male was admitted from the emergency room with diagnosis of a skull fracture. Mother states that her brother's wife beat the child, but does not know exactly what happened. Child was alert and neuro-signs were stable on admission — pupils are equal and reactive to light, has movement of all 4 extremities, but complains of pain on left side — no swelling noted in any of left extremities. Has mild swelling at back and right side of head. Verbalizing appropriately with mother who ever ^{assisted} accompanied child and is still present at bed-side. Child took 130cc of apple juice and tolerated without vomiting. Resting quietly at this time. — Marlene Fisher, R.N.
0515		Temperature on admission was 100° rect orally and then at 0400 was 100° orally — tried to take covers off of child — but he cried so single thickness sheet over him. Mother has been at bedside since admission. Took 130cc of apple juice this shift. Voided once — urine was dark yellow and clear. Neurologically, remains stable — pupils equal and reactive to light, all extremities moved on command — L side slightly weaker in both upper and lower extremities. Complains of pain intermittently especially when crying or moving around. Sleeping quietly at this time. — Marlene Fisher, R.N.
1000		Temp 100°. RVS stable: pt is alert and pupils are equal & reactive. All had mere movement of all extremities. Gave few pt clear liquids but pt vomited all right back. Asked for outside DR. Keeping close watch on pt: mom at bed. Thank you on a behalf of staff — staff
9-27-18	0940	Alert and tolerating feedings fairly well. Easily alert. No distress noted. Police officer here at about 1630 and talked with parents. — Patricia Murray, R.N.

Mother - Cleada Turner

~~516~~ 516 Colgate Dr

WANCASTER 75134

972-218-5717

Disconnected
6-5-03
WILMER

Father - Not Involved

Sister - Linda Turner

28 } Same
fa

LENARD BANKS

21

LAURIE BANKS

19

BRIANNA

11 } Same
father

Laquista

Off Court. - *4/16/03*

Glenda TURNER

Police had a warrant for car (see Valerie Little) Vol. 33 -

They also went into house & got

W

She went into office - Harrison & Franklin -
she spoke w/ Harrison twice -

¶

She was told she would testify - Was not
called & never told why not.

Note - The CW in the statutory rape prior
was at the trial -

WAS NOT CALLED
BY EITHER SIDE

6R.
C's Mother - Terresa Jernigan - deceased
Bi-Polar - Schizophrenia
Terrell State Hosp

Brother - Kevard - Bi-Polar - Schiz. since 16
Terrell
Liberation
Green Oaks

C's Mo. - PMH Psychiatric Unit
29 years ago
- hearing voices
- religious manifestation

C's Uncle - Mark Webster

C has written some "strange" letters

C had skull fracture at age 3 1/2
PMH

He was hit, by Vanessa Jervis, in head
w/ a stick - in come for vehicle - not thought
to live for while.

Still has scar on back of head

STATE OF TEXAS §

§ AFFIDAVIT

COUNTY OF DALLAS §

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared Glenda Turner, who being by me duly sworn, on her oath deposed and said:

"My name is Glenda Turner. I am over the age of 18 and capable of making this affidavit. I am the mother of Alvin Braziel, Jr. He was born on March 16, 1975. I am also the mother of Kinard Braziel and Lakieia Turner.

"In the time before Alvin's trial for capital murder, I was contacted by my son's attorneys. I went to Rick Harrison's once or twice. I do not remember ever going to the office of Richard Franklin to discuss Alvin's case. Neither do I remember either of the attorneys or their representative coming to my home.

"I was never asked to assist the trial team to prepare a social history for Alvin. More specifically, I was never asked whether Alvin had ever suffered serious head injuries or whether my family or Alvin's father's family had any history of psychiatric or psychological treatment. Neither was I asked about the circumstances of the homes that Alvin grew up in.

"I have been diagnosed with schizophrenia. I take Seroquel for my symptoms. My son Kinard, too, has been diagnosed with the disease. He is prescribed Zyprexa and Depakote for his symptoms. My mother has suffered two 'nervous breakdowns' and has been sent to the state hospital. My brother, Mark Webster, too, has been diagnosed with schizophrenia. I remember times when Alvin showed symptoms of schizophrenia, usually audio hallucinations. The times that I remember this most is when he was incarcerated relative the allegations of sexual assault of Tewunia Taylor.

"When Alvin was two and a half years old, he was being watched by my sister-in-law, Vanessa Jernigan. For some reason, Vanessa hit Alvin in the head with a wooden stick causing a serious injury. Alvin was taken to Parkland Hospital and was kept there for approximately two weeks.

"Alvin was physically abused by my husband, Jimmy Lang. He and Kinard were whipped viciously by Lang. Though I don't remember seeing the attacks, I saw the physical results to the boys.

"At Alvin's trial, I was told that I had to remain out of the courtroom because I might be a witness, but I never testified."

Further affiant sayeth not.

Signed, August 7, 2010.

Glenda Turner

Glenda Turner, Affiant

SWORN TO AND SUBSCRIBED BEFORE ME this 7 day of August, 2010.

Notary Public, State of Texas

74139
CLERK'S RECORD

DEATH SENTENCE APPEAL

Volume ONE of ONE

Trial Court Cause Number F01-40043-OS

In the JUDICIAL District Court #282

of Dallas County, Texas,

Honorable K. GREENE, Judge Presiding.

THE STATE OF TEXAS, Plaintiff

vs.

ALVIN AVON BRAZIEL JR, Defendant

Appealed to the
Court of Criminal Appeals of Texas at Austin, Texas,
or Court of Appeals for the 5TH District of Texas, at DALLAS, Texas.

Attorney for Appellant

Name ADAM SEIDEL

Address CHATEAU PLAZA, STE 1400, 2515 MCKINNEY AVE, DALLAS, TX 75201

Telephone No. 214-237-0835

Fax No. 214-237-0901

SBOT No. 17999290

Attorney for: ALVIN AVON BRAZIEL JR.

FILED IN
COURT OF CRIMINAL APPEALS

DEC 21 2001

Troy C. Bennett, Jr., Clerk

Delivered to the Court of Criminal Appeals of Texas at Austin, Texas,
or Court of Appeals for the 5TH District of Texas, at DALLAS, Texas,
on the 18TH day of DECEMBER, 2001.

signature of clerk

name of clerk

title

Appellate Court Cause No.

Filed in the Court of Criminal Appeals of Texas at Austin, Texas,
or Court of Appeals for the 5TH District of Texas, at DALLAS, Texas,
this 18TH day of DECEMBER, 2001.

JIM HAMLIN, DALLAS COUNTY DISTRICT CLERK

By JANE MILLER, Deputy

FORM 355A

1 ALVIN AVON BRAZIEL JR CAUSE NO. F01-40043-QS
2 VS: IN THE 282ND JUDICIAL DISTRICT
3 THE STATE OF TEXAS COURT OF DALLAS COUNTY, TEXAS

4

5 - INDEX -
6 DEATH SENTENCE APPEAL

7 CAPTION VOL. 1-01
8 TRUE BILL OF INDICTMENT (01 MAR 19) VOL. 1-02
9 TRIAL DOCKET VOL. 1-04
10 CERTIFICATE OF EXAMINING TRIAL/ORDER VOL. 1-06
(SIGN & ENTERED 5 MAR 01)
11 DEFENDANT'S AFFIDAVIT OF INDIGENCY/FINDINGS/ VOL. 1-07
ORDER (01 FEB 26)
12 MOTION TO COMPEL DEFENDANT'S PSYCHIATRIC VOL. 1-08
EXAMINATION-ORDERS (SIGNED AND ENTERED 29 JUN 01)
13 MOTION FOR THE COURT TO APPROVE AND AUTHORIZE VOL. 1-10
PAYMENT FOR EXPENSES OF DNA EXPERT (APR 16 01)-ORDER
14 ORDER APPOINTING COUNSEL PURSUANT TO ARTICLE VOL. 1-14
11.071 C.C.P. (SIGNED 2 AUG 01)
15 OMNIBUS PRETRIAL-ORDER (JUN 28 01) VOL. 1-16
16 STATE'S RESPONSE TO DEFENDANT'S OMNIBUS PRETRIAL VOL. 1-23
MOTION (JUN 29 01)
17 STATE'S DISCOVERY MOTION-ORDER (JUN 28 01) VOL. 1-25
18 MOTION FOR DISCOVERY OF IDENTIFICATION VOL. 1-28
EVIDENCE-ORDER (APR 30 01)
19 STATE'S RESPONSE TO DEFENDANT'S MOTION FOR VOL. 1-30
DISCOVERY OF IDENTIFICATION EVIDENCE (MAY 4 01)
20 MOTION FOR DISCOVERY OF DNA EVIDENCE-ORDER VOL. 1-32
(APR 23 01)
21 MOTION FOR DISCOVERY OF HAIR, FIBER AND VOL. 1-35
FINGERPRINT EVIDENCE-ORDER (APR 30 01)
22 STATE'S RESPONSE TO DEFENDANT'S MOTION FOR VOL. 1-37
DISCOVERY OF HAIR, FIBER AND FINGERPRINT
EVIDENCE (MAY 4 01)
23 STATE'S MOTION REQUESTING NOTICE OF DEFENDANT'S VOL. 1-39
INTENT TO USE CERTIFIED COPIES AND REQUESTING
DEFENDANT'S COMPLIANCE WITH RULE 902
24 STATE'S MOTION FOR PRODUCTION OF WITNESS STATEMENTS VOL. 1-40
25 MOTION TO LIMIT DEFENDANT'S DISCOVERY REQUEST FOR VOL. 1-42
"WRITTEN STATEMENTS OF WITNESSES"
26

= CONTINUED = PAGE 2

1	STATE'S REQUEST FOR NOTICE OF INTENT TO USE EXPERT WITNESS	VOL. 1-44
2	MOTION IN LIMINE-ORDER (JUN 28 01)	VOL. 1-45
3	STATE'S MOTION IN LIMINE REGARDING IMPEACHMENT BY EVIDENCE OF CONVICTION OF A CRIME	VOL. 1-48
5	MOTION IN LIMINE REGARDING BIAS OR INTEREST OF A STATE WITNESS	VOL. 1-50
6	MOTION IN LIMINE REGARDING REPUTATION OF STATE'S WITNESSES	VOL. 1-52
8	STATE'S MOTION IN LIMINE REGARDING CHARACTER OF VICTIM	VOL. 1-54
10	STATE'S MOTION IN LIMINE CONCERNING CHARACTER TESTIMONY PURSUANT TO RULE 405	VOL. 1-56
11	STATE'S TRIAL MOTION IN LIMINE	VOL. 1-57
12	MOTION TO SUPPRESS ILLEGAL IDENTIFICATION-ORDER (JUN 28 01)	VOL. 1-59
14	MOTION TO SUPPRESS ILLEGALLY SEIZED DNA EVIDENCE-ORDER (JUN 28 01)	VOL. 1-66
15	MOTION FOR INDIVIDUAL VOIR DIRE OF THE PANEL OF PROSPECTIVE JURORS-ORDER (MAR 30 01)	VOL. 1-77
17	STATE'S MOTION FOR TIME TO READ AND RESPOND TO DEFENDANT'S MOTIONS	VOL. 1-79
18	STATE'S MOTION TO ALLOW ADDITIONAL MOTIONS	VOL. 1-80
19	MOTION TO DECLARE SECTION 411.148 OF THE GOVERNMENT CODE UNCONSTITUTIONAL-ORDER (JUN 29 01)	VOL. 1-81
21	MOTION FOR SPECIAL VENIRE-ORDER (MAR 30 01)	VOL. 1-84
22	CHARGE OF THE COURT (GUILT/INNOCENCE) (JUL 25 01)	VOL. 1-86
23	JURY VERDICT ON GUILT	VOL. 1-95
24	CHARGE OF THE COURT (SPECIAL ISSUES) (JUL 25 01)	VOL. 1-96
25	JUROR'S ANSWER TO SPECIAL ISSUE NO. 1	VOL. 1-102
27	JUROR'S ANSWER TO SPECIAL ISSUE NO. 2	VOL. 1-104
28	JUDGMENT/SENTENCE (OCT 26 01)	VOL. 1-106
29	DEFENDANT'S MOTION FOR NEW TRIAL-ORDER (JUL 26 01)	VOL. 1-110
30	DEFENDANT'S NOTICE OF APPEAL AND PAUPER OATH APPOINTMENT OF ATTORNEY ON APPEAL/ORDER (JUL 26 01)	VOL. 1-111
32	DEPUTY COURT REPORTER STATEMENT (SIGNED 24 JUL 01)	VOL. 1-112
33		

FORM 355A

= CONTINUED = PAGE 3

1 DEFENDANT'S REQUEST FOR CLERK'S AND COURT
2 REPORTER'S RECORD AND EXHIBITS ON APPEAL
(AUG 24 01) VOL. 1-113
3 CLERK'S CERTIFICATE THAT APPELLATE RECORD
IS TRUE AND CORRECT (18 DEC 01) VOL. 1-117
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33